Stub to be retained by officer issuing permit

| Issued to Donald C Morres |
|--|
| Name of Deceased Perreuse J. Magnire |
| Age |
| Place of death 70 Dewton St Southbraugh |
| Date of death January 11, 1986 Schemic Heart Disease Cause of death Ingstine Heart Dachure |
| Cause of death . Mangestine Heart Doulure |
| Interment at usual Cemetery |
| Date permit issued January 13.1986 |
| Certified by Arnald J. Hill M.D. |

| í | | | | | |
|---|-------|-----|----------------|-----|----------|
| į | URIAL | (OR | REMOVA | 111 | PERMIT |
| 1 | UNIAL | Un | I I PIAI O A L | 7-/ | I PRINCE |

| This coupon to be returned immediately, properly endorsed |
|---|
| to Sent - Board & Skalth |
| (Office issuing permit) |
| or Town of Southborough Mas |
| e of deceased Terrence J. Maguire |
| U. S. War Veteran, specify what war, organization, etc. |
| None |
| |

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was used of in accordance with its terms

| South borough Cemeter (Name of cemetery or crematory) | (City or town) |
|--|-----------------|
| January 14, 1986 | |
| ified by (Signature of Superintendent, cemeter) | y or crematory) |

La

| No. | 8 | 1 | _ |) | | | | |
|-----|-----|----|---|---|--|--|--|--|
| No. | 11. | w. | | 9 | | | | |

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

| Issued to J. S. Waterman - Eastman 19 - Name of Deceased John Pendleton acree |
|--|
| Age |
| Place of death Loute 9 - Aouthborough Mar |
| Date of death Debruary 18, 1986 |
| Cause of death Blund Ampact. Meck Anjury |
| Interment at Chapel Censetery Treenshoro. |
| Date permit issued Delirerary 19, 1986 |
| Certified by Minothy P. Stone M.D. |

Stub to be retained by officer issuing permit

| Issued to Sullwan-Fitzgerald |
|---|
| Issued to |
| Name of Deceased Villiam A Holmes, Ar. |
| Age T. 2, years months days |
| Place of death. 7.2. Turpihe Rd Southboron, |
| Date of death april 7-1986 |
| Cause of death Netastaic Carcenoma of Nostats Chronic Lung Disease Interment at Tuescreen Cemetery Marchoro |
| Chronic Lung Wesease |
| Interment at Inexcreen Cemelery Millhoro |
| Date permit issued April 9, 1986 |
| Later St. |

| IDIAL | (OD | DEMOVAL | PERMIT |
|-------|-----|----------|----------|
| JRIAL | (OR | REMOVAL) | PERIVITI |

coupon to be returned immediately properly endorsed

| | mis coupon to b | c retarrica minicaratory, | proporty and order |
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| | 1 | L 10. | 1 |
| | Louis | Board of 1 | docelle |
| to | 1 4/44 | | |
| | 0 | (Office issuing permit) | |
| | | | |

William A. Holmes, Sr.

S. War Veteran, specify what war, organization, etc.

no

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was ed of in accordance with its terms

(Nyme of cemetery or crematory) (City or town)

David 10 1986

fied by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Veter Wadsworth/wadsworth Tuneral Home

Name of Deceased ruest L. Kallander Jr.

Age. 8...... years..... months..... days

Place of death Meadow have Southborn

Date of death The Heart Disease,

Interment at Rural Cemetery, Cremation

Date permit issued 4-21-86

Certified by Simonly P Stone M.D.

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

r Town of ... Server Lennart Kallander

ENDORSEMENT

(To be filled in by cemetery or crematory official)

U. S. War Veteran, specify what war, organization, etc.

pereby certify that the body accompanying this permit was osed of in accordance with its terms

ewton Crematory, Newton, MA.

(Name of cemetery or crematory)

(City or town)

pril 23, 1986

tified by (Signature of Superint Endant, earnetery or or ematory)

Stub to be retained by officer issuing permit

| Issued to John P. Rowe Duneral Home |
|---|
| Issued to |
| Name of Deceased John V. June J. |
| Ageyearsmonthsdays |
| Place of death & Brigham St. A outliers. |
| Date of death May 1986 |
| Cause of death & Physia Hanging Depression. |
| Interment at Reval Cemetery Southboo |
| Date permit issued May 5 1986 |
| Certified by Simorly P Store M.D. |

| URIAL | (OR | REMOVAL) | PERMIT |
|-------|-----|-------------|---------------|
| UNIAL | Un | IILINIO AVE | I periorate t |

This coupon to be returned immediately, properly endorsed

to Harri Doard & Necellh
(Office issuing permit)

of deceased John V. Finn, Jr

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

buthborough Rural Cemetery

(Name of cemetery or crematory)

ified by

(City or town)

...May..6,1986....

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

of deceased Neil Lutherland

U. S. War Veteran, specify what war, organization, etc.

WWI = US NAVY

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

orcester County Memorial Park Paxton, MA

(Name of cemetery or crematory)

(City or town)

June 26, 1986

fied by ...

(Signature of Superintendent, cemetery or cremato

| 7 | ER | |
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|) | C | Manne |
| | July 7, 1986 at 9:00 A.M. PAUL J. BERRY, DOWN CLER | NOI |
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| 5 | Tul | |
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| STATE | OF | NEW | HAN | PSHIR | 1 |
|-------|----|-----|-----|-------|---|

| ial | Permit | No. | | | | | | | | |
|-----|--------|-----|------|------|------|------|------|--|------|--|
| | | | | | | | | | | |



BURIAL — TRANSIT PERMIT

within six days to the Clerk of the town in which the burial or cremation takes place.

| City or | Bartlett |
|---------|----------|
| wn of | |

| | Richard Francis | | |
|--|---|--|--|
| CUMPORTAGE | | Carroll | |
| DESCRIPTION OF STREET | Date of death June 30, (Town or City) 86 Whi | te ^(County) Male | Age 59 ^(State) |
| BANKS STATE | Cause of death Cardiac Arrest | make a property of the state of | |
| ANNUAL PROPERTY OF THE PERSON NAMED IN | Method of disposal Burial (Whether burial, cremation, transportation, store) Town or City Southboro County Word | age, etc If storage, see over) | ral Cemetery (Cemetery, Crematory, or Vault) |
| | | | |
| STREET, AND STREET, ST | A certificate of death having been filed as required to Donald C. Morris | ss 40 Main St., Sou June 30, 1986 | thboro, Mass. 01772 |
| AND RESIDENCE OF THE PERSON NAMED IN COLUMN NA | Body was buried on July 19 County Worcester Town or City | RITY SHALL FILL OUT SPACE I Southborough Rural Comeyery, Cren Comeyery, Cren State | ELOW Pemetery achusetts |
| Perferential participation of the Perference of | If stored, Body was thenon | 19 in(Place of final dest | ination — Cemetery or Crematory) |
| opposite and a second | Town or City County | State | |
| distantistic properties. | Section etc | Signature Walter (Sexton or perso | on in charge) |
| - | This permit after being signed by the Sexton or person in charge (c | or by the Funeral Director where there: | is no Sexton) must be forwarded |

Stub to be retained by officer issuing permit

| Issued to Peter Weddoworth, Madown the Durand |
|---|
| Name of Deceased June! Milliams |
| Age |
| Place of death ! Wen chester It Southboro. |
| Date of death August 6, 1986 |
| Cause of deathferminal Carcinoma-Breast |
| Interment at Rusal Cemetery |
| Date permit issued August 1-1986 |
| Certified by Robert M. Pettenhouse M.D. |

URIAL (OR REMOVAL) PERMIT

| This coupon to be returned immediately, properly endorsed |
|--|
| to Agent = Board & Health |
| |
| r Town of Southboraugh Mass |
| of deceased June! Williams |
| |
| J. S. War Veteran, specify what war, organization, etc. |
| |
| AND THE PARTY OF T |
| ······································ |
| |
| <u> </u> |
| |

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

| Southborough Russ Co. | motors |
|---------------------------------|----------------|
| (Name of cemetery or crematory) | (City or town) |
| 1 | |

fied by Watern Dan

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

| Issued to Denald C Moons |
|--|
| Name of Deceased Elizabeth Putnam Brunesk |
| Age95 yearsmonthsdays |
| Place of death 359 Turnpike Rd Southbooks |
| Date of death Oct 4- 1986 |
| Cause of death Interior leve the Heart Disease |
| Cause of death Interior levetre Heart Disease. Cremation Interment at Christial Country Benerly, |
| Date permit issued QQALEN 4 1986 |
| Certified by Jim Thy P. Store. M.D. |

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agus Board J Macell

(Office issuing permit)

r Town of Southbor Lyh Mass

of deceased Elizabeth Putnam Bruneck

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

None

(City or town)

ed by Athur T. Scanlon, Ass. (Signature of Superintendent, cemetery or crements)

Stub to be retained by officer issuing permit

| Issued to Donald C mores |
|---|
| Name of Deceased Mary Elizabeth June |
| |
| Age93 years months days |
| Place of death 361 Turn pike Rd, Southlow |
| Date of death Desember 20, 1986 |
| Cause of death crebral Thrombosis Arterioselerate Heart Disease Interment at Rural Cemetery |
| Arterioselerotie Heart Wisease |
| Interment at . Rufal Climetery |
| Date permit issued December 20, 1986 |
| Certified by June of the Potone M.D. |

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent's Down of Health
or Town of Southbough Mass
ne of deceased Mary Elizabeth Finn

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was posed of in accordance with its terms

Qural Cemetery Southborough Man

dby losiph C Mauro.

December 23 1986

Stub to be retained by officer issuing permit

| Issued to Douglas Duneral Home |
|---|
| |
| Name of Deceased Gernet Berry Denham |
| Age94 years months days |
| Place of death 7.7 Deerfoot Rd Southhoro |
| Date of death Schruary 4, 1987 Cerobral Thrombosis Cause of death Therioscleratic Hearth seas |
| Cerabral Thrombosis |
| Cause of death Berioscleratic Hearth seas |
| Interment seles Tween Cemetery Leting ton Mass |
| Date permit issued Deliruary 6. 1. 98 7 |
| Certified by Lins Thus P. Stone D. M.D. |

URIAL (OR REMOVAL) PERMIT

| This souden | to be returned | immediately | nronerly | endorsed |
|-------------|------------------|--------------|----------|----------|
| Inis coupon | i to pe returnea | immediately, | property | endorsed |

or Town of Annult Berry Muham.

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

nereby certify that the body accompanying this permit was seed of in accordance with its terms

Westview Cemetery

(Name of cemetery or crematory) (City or town)

February 7, 1987

tified by Dennis Mag Bore...
(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

| Stub to be retained by officer issuing permit |
|--|
| Issued to John P Lows Juneral Home Inc |
| of CC |
| Name of Deceased Walter E. Concannow |
| Age |
| Place of death/2 Strawherry Hiel Rd |
| Date of death May 8, 1987 |
| Cause of death or onary blerosis, resumed |
| Cause of death a ronary Sclerosio, Presumed Interment Millon Cemetery Presumed Jucklen |
| Date permit issued May 10, 1981 |
| Certified by lingthy PStone M.D. |

INSTRUCTIONS ON REVERSE SIDE The Commonwealth of Massachusetts FOR USE BY REGISTERED NUMBER STATE USE ONLY PHYSICIANS AND STANDARD CERTIFICATE OF DEATH MEDICAL EXAMINERS REGISTRY OF VITAL RECORDS AND STATISTICS STATE USE DECEDENT - NAME DATE OF DEATH (Mo., Day, Yr.) MIDDLE LAST SEX ONLY R. Bernard Mv1es Male Mav 10 1987 1. PLACE OF DEATH (CITY OR TOWN) COUNTY OF DEATH HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) IF IN HOSPITAL DOA IYES OF NO Worcester Worcester Memorial Hospital Worcester yes RACE (e.g., White, Black, American AGE - Last Birthday DATE OF BIRTH (Mo. Day, Yr) UNDER 1 YEAR UNDER 1 DAY STATE OF BIRTH UI not in U.S.A. Indian etc) (Specify) Pennsylvania MOS DAYS HOURS MINS White 66 August 13 1920 12 PLACE 74 MARRIED NEVER MARRIED SPOUSE (If wife, give maiden name) USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY DECEDENT WIDOWED OR DIVORCED Manager ...Marguerite L. Blackburn Married Jewelery Sales SOCIAL SECURITY NUMBER IF US WAR VETERAN RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE SPECIFY WAR , 175-14-1013 14 State Street Westborough, Worcester, MA. 01581 HOSPITAL 78 FATHER - FULL NAME STATE OF BIRTH III not in USA MOTHER NAME (GIVEN) MAIDEN 2 STATE OF BIRTH III not in USA name country name country ,sa Walter Myles Mary Glowacki INFORMANT - NAME AND ADDRESS RELATIONSHIP INFORMANT Marguerite L. Myles 14 State Street Westborough MA. 01581 Spouse TYPE OF DISPOSITION RACE DATE OF DISPOSITION PLACE OF DISPOSITION LOCATION CITY OR TOWN STATE (Specify Burial Cremation, Other) ... Burial May 1987 Rural Cemetery Southborough Massachusetts DISPOSITION FUNERAL SERVICE LICENSEE NAME OF FACILITY ADDRESS OF FACILITY Warren A. Rand Rand-Harper Funeral Home 62 W. Main St. Westborough 9 NATIVITY 20 ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) | (PRINT OR TYPE LEGISLY) Interval between anset and death DUE TO OR AS A CONSEQUENCE OF Interval between onset and death Prum ococca RESIDENCE 34 DUE TO OR AS A CONSEQUENCE OF Interval between onset and death CAUSE OF PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a) AUTOPSY WAS CASE REFERRED TO DEATH OUT OF 5 STATE 37 (Yes or No! MED EXAM Yes or No. NO ACC SUICIDE HOM UNDET DATE OF INJURY (Mo . Day. Yr) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST (Specify) INJURY AT WORK (Specify Yes PLACE OF INJURY - At home, farm, street, factory, office LOCATION STREET CITY OR TOWN STATE or No) building etc (Specify) 8 CENSUS 41 25a. To the best of my knowledge, death occurred at the time, date and place and 26a. On the basis of examination and/or investigation, in my opinion death occurred at the due to the cause(s) stated time, date and place and due to the cause(s) stated (Signature and Title) Signature and Title) DATE SIGNED (Mo . Day. Yr) HOUR OF DEATH DATE SIGNED (Mo . Day Yr) HOUR OF DEATH **42 AUTOPSY** CERTIFIER NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo. Day, Yr) PRONOUNCED DEAD (Hour) 26d ON NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 3 MED. EXAM WORCESTER 01605 SZ MA KELMONT BLACK INK ONLY PERMIT ISSUED ON 29. RECEIVED IN THE CITY OR TOWN OF SIGNATURE-BD HEALTH AG 8-301 R CLERK'S SIGNATURE: (DATE RECEIVED)

| Stub to be retained by officer issuing permit |
|--|
| Issued to John J. Kazlauskas, J. D. Name of Deceased Aus on Jane Stebburg |
| Ageyearsdays |
| Mass Place of death Turuglike @ M180 - Southborough. |
| Date of death June 3 - 1987 |
| Cause of death Concussion + Positional la physica Cremation Suclaire Interment at Mint Lynn Crematorium, Norfolk |
| Interment at Mint Lynn Crematorium Norfolk |
| Date permit issued |
| Certified by James P. Stone M.D. |

This coupon to be returned immediately, properly endorsed

Boston Catholic Cemetery Association

366 CUMMINS HIGHWAY ROSLINDALE, MASS. 02131

TELEPHONE 325-6830



DORCHESTER CEMETERY
MT. CALVARY CEMETERY
NEW CALVARY CEMETERY
MT. BENEDICT CEMETERY

September 10, 1987

Mrs. Sena Jorcoletti 34 Latisquama Road Southboro, MA 01772

Dear Mrs. Jorcoletti:

Enclosed is the burial permit that you returned to this office.

Our records show that Josephine Dindio's last address was 15 Carolyn Terrace, Southboro, MA.

Sincerely yours,

John Kelley, Business Agent BOSTON CATHOLIC CEMETERY

ASSOCIATION

JK:dg

| Stub to be retained by officer issuing permit |
|---|
| Issued to Leo J. Pessini |
| Name of Deceased Los Pessini |
| Name of Deceased |
| Ageyearsmonthsdays |
| Place of death. Southboro |
| Date of death July 19, 1987 |
| Cause of death |
| Interment at Rural Consting |
| Date permit issued July 20, 1987 |
| Certified by Marlin Vogel MD |

Stub to be retained by officer issuing permit

| Issued to Donald C Morris |
|---|
| Name of Deceased Richard P. armellane |
| Age |
| Place of death + 1 Buston Rd Southbourf |
| Date of death October 10, 1987 |
| |
| Cause of death Jante Myelogenous henkemia |
| Interment at Rusal Cemetery South |
| Date permit issued October 13, 1987 |
| Swill Period & Stone MD |

| URIAL | OR | REMOVAL) | PERMIT |
|--------|-----|---------------|---------------|
| UITIAL | VII | II FINIO A VE | I POLITICAL I |

This coupon to be returned immediately, properly endorsed

| to Agent = Board & Halth | |
|---|--|
| (Office issuing permit) | |
| Town of Serielborough M. | |
| of deceased Richard P. Armellani | |
| S War Veteran specify what war organization etc | |

ENDORSEMENT

None

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

Southborough Rural Camptony
(Name of cemetery or of ematory) (City or town)
October 14 1957

fied by (Signature of SuperIntendent, cemetery or crematory)

Stub to be retained by officer issuing permit

| Issued to Donald Morris Duneral Home |
|--|
| Name of Deceased Frank J. Rossi Sr. |
| Age |
| Place of death 7 View Hiel & Southboro |
| Date of death 11-16-87 Renal Facture Circlises, hepatic, Cause of death Chronic, severe |
| Cause of death Chronic severe |
| Interment at Ausal Cemetery |
| Date permit issued November 17, 1981 Certified by Amtily R Atom |
| Consider Atom |

SURIAL (OR REMOVAL) PERMIT

to a Sight - Board & Health (Office issuing permit)

This coupon to be returned immediately, properly endorsed

or Town of Southborough Mass.
e of deceased Trank J. Rosse
U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

hereby certify that the body accompanying this permit was osed of in accordance with its terms

Southborough Rugh CEmetony (City or town)
NOUEMEEN 19 1987

tified by Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

| Issued to Donald (morris |
|--|
| Name of Deceased almost 95 Edwin Bates |
| Age48 years days |
| Place of death 7 Birchwood Drive |
| Date of death March 4, 1978 |
| Cause of death Aphy sia due 16 Carbon monoside Inhabation, suicide Intermentarinal Crumatory, Workerter mass |
| Interment accord Chemiatory, Worker mans |
| Date permit issued March 11, 1988 |
| Certified by Am Rhy P Stone M.D. |

Stub to be retained by officer issuing permit

| Issued to Donald C Morris |
|---|
| Name of Deceased Victor M. Benkashi |
| Age |
| Place of death 1.6 Marlhoro Rd Southboard |
| Date of death April 24-1988 Carona, metastatio Cause of death engine hung, type unspecified |
| Cause of death exercoman hung. Type unspecified |
| Interment at Lucal Cometery Southboorgh |
| Date permit issued April 25, 1988 |
| Certified by Janobles P Stone M.D. |

URIAL (OR REMOVAL) PERMIT

to Agril-Board of Health

This coupon to be returned immediately, properly endorsed

Town of Journal Mass

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

Southborough RURIL Come Ten,
(Name of cemetery decrematory) (City or town)

fied by Galin Dan

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

r Town of Arethborough Mass

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

Immusulate Consepted Marlone
(Name of cemetery or crematory)
(City or town)

ified by Blv Jaul & M. Jaughle
(Signature of Superinfendent, cemetery or crematory)

PERMIT

| (5) | 11 0 | |
|-------|-------|--|
| 05-77 | | |
| | | |
| | 27783 | |

STATE OF NEW HAMPSHIRE

City or

Alton

Burial Permit No

(Sexton or person in charge)

| BURIAL—TRANSIT PERMIT | |
|--|--|
| Full name of deceased ARTHUR L. LACOMBE | |
| Place of death Alton Belknap N.H. | |
| Date of death May 23, 1988 (Town or City) White (County) Age 74 (State) | |
| Cause of death Respirator e yFailurē | |
| Method of disposal Burial | |
| (Whether burial, cremation, transportation, storage, etc, - If storage see over) (Cemetery, Crematory, or Vault) Town or City Rural Cemetery Southborough State | |
| Certificate of death having been filed as required by the laws of this State, permission is hereby given to Robert Peaslee, C.E.Peaslee & Son F.H. Town or City | |
| (Funeral Home) | |
| o dispose of body of said deceased as above state). Date Issued May 24, 1988 | |
| Gignature Alton Gity or Town of Alton (Town Clerk, Sub-Registrar, Agency City Board of Health) | |
| CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE | |
| f stored, body was placed in | |
| Fown or City State | |
| ignature | |
| CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW Body was buriced on May 25 19 do in Southboasyle Runce Committens | |
| (State whether cremated, buried, etc.) State Mannes Section S | |
| ot No. 27 North Grave No. 4 Signature Wallynder | |

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place. FORM BT-1, 8/85 IMPORTANT! SEE OTHER SIDE

This permit must accompany remains to destination.

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS RICHMOND, VIRGINIA

| OUT-OF-STATE TRANSIT PERMIT | | | 6/9/88 ax 1:00 |
|---|-------------------------------------|----------------------|-----------------------------|
| FULL NAME OF DECEASED Marston | Collingston Green | | AGE 73 |
| PLACE OF County DEATH Nassawadox, | | DATE OF | (Month Day Year) ne 4, 1988 |
| sex Male | | RACE OR COLOR Cau | casian |
| DESTINATION TO WHICH REMAINS TO BE SENT R | (City or County) ural Cemetery Sout | thboro, Mass. | (State) |
| A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to: | | | |
| Funeral Director R.C. Dought | У А | ddress Box 633 | Exmore, Va. 23350 |
| To transport said deceased as stated above. | | | |
| | | IGNATURE OF EGISTRAR | a) Olicew |

| 7.7 | DEGENVED @ //:03 |
|-----|-------------------------|
| | STATE OF NEW HAMPSHIRE |
| | BURIAL — TRANSIT PERMIT |

| | Burial | Permit | No | | . ; | ٠. | ٧. | |
|-------|--------------|--------|----|------|-----|----|--------|--|
| | | | | | | | | |
| TA TO | - ATTE - ATT | | | | | | | |

| City | or | 1 | 1 | 7 | 7 | q | ľ | r | 1 | n | 1 | 23 | w | | 19 | R/S | p. | ď. | NAME OF THE OWNER, OWNE | 100 | |
|--------------|-----|---|---|---|---|---|---|---|---|---|---|----|----|---|----|-----|----|----|--|-----|--|
| City Town | of. | | | | | | | | , | | | | Ĭ. | , | ŀ | 1 | | | | | |

| Full name of deceased | Eleanor F. MacDonald | | |
|----------------------------|--|--|--|
| Place of death | Concord | Merrimack | NH |
| | (Town or City) | (County) | (State) |
| | 30 19 88 Color . T | | Age 83 |
| | roke; recurrant and acute | | |
| Method of disposal (V | Burial Whether burial, cremation, transportation, st | Rural Ce orage, etc If storage, see over) (C | metery Cemetery, Crematory, or Vault) |
| | thboro | | |
| A certificate of death ha | ving been filed as required by the laws of th | nis State, permission is hereby given to | |
| Donald | .C. Morris Funeral Home (Funeral Home) | Town or City Sou | thboro, MA |
| | deceased as above stated? | Date Issued J | |
| Signature (Town Class Str | Bearing City Board of Health) | City or Town of . CONCORD. R | f. · W · · · · · · · · · · · · · · · · · |
| CEMETERY | OR STOARGE VAULT AUTHORITY S | HALL FILL OUT SPACE BELOW W | HEN APPLICABLE |
| If stored, body was placed | in, (Name of storage valut) | on | 19 |
| Town or City | | State | |
| Signature (Sexton o | r person in charge of storage vault) | | |
| Body was BURIEd State | whether cremated, buried, etc.) Grave No. | in Southlesser, Cremat | CLOW Ory, or Vault) |
| Lot No. 22 South | Grave No. | State Section of Secti | ion: 00-EAST |

(Sexton of person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

FORM BT-1, 8/85

IMPORTANT! SEE OTHER SIDE

Stub to be retained by officer issuing permit

| Issued to James Gragosian Name of Deceased that her mousesian |
|--|
| Name of Deceased than her mousesian |
| Age. 8.7 years months days Place of death 1 Fairview Prive |
| |
| Date of death 22 1988 |
| Date of death June 22, 1988 Metastates Carceno malises Cause of death Owarran Cancer |
| Interment at My Hope Clemetery Boston |
| Date permit issued June 23, 1988 |
| Certified by Amald Laws M.D. |

URIAL (OR REMOVAL) PERMIT

This soupen to be returned immediately preparly andered

| | ine coupen to a | 0.010 | ou minounatory, p | roporty chaoresa | |
|----|-----------------|---------|-------------------|------------------|-------|
| to | Board | 8 | Health | -Agent | 01777 |
| | | (Office | issuing permit) | , 0 | |

| r 7 | ow | n of | Don | chilio | roug | ₹.? | | . Mass. |
|-----|----|-------|----------|---------|------|------|---------------|---------|
| of | de | cease | dKo | har | - D | er | Morse | SIAN |
| U. | S. | War | Veteran, | specify | what | war, | organization, | etc. |

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

| Mount Hope | ashin |
|------------|------------|
| , | y or town) |

d by G. Morelli Tel

Stub to be retained by officer issuing permit

Issued to Donald C. Morris Name of Deceased Agmes. Age...7.5..... years...... months..... days

This coupon to be returned immediately, properly endorsed to Agent: Board & Health

of deceased ... Agnes Ferzguson.

J. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was ed of in accordance with its terms

Southburoad Rual Cemeters
(Name of cemeters) (City or town)

(Signature of Superintendent, cemetery or crematory)

STATE OF MAINE PERMIT 48563 DEPARTMENT OF HUMAN SERVICES NUMBER PERMIT FOR BURIAL - TRANSIT FEORENCE OF PECESTACK 8 / PATE OF DEATH (Mo., Day, Yr.) 6a. PLACE OF DEATH (City or Town) 5. AGE 3. SEX 4. RACE 6b. STATE 83 GREAT MOOSE DRIVE HARTLAND WHITE MATNE FEMALE 7a. NAME OF FUNERAL ESTABLISHMENT OR 7b. BUSINESS ADDRESS 7c. LICENSE NUMBER BROWN FUNERAL HOME 24 High Street Newport 09174 (Funeral Establishment) TYPE OF XXBURIAL ☐ TEMPORARY STORAGE DISINTERMENT PERMIT REMOVAL FROM STATE CREMATION BURIAL AT SEA ☐ USE BY MEDICAL SCIENCE XX COMPLETED XXXMEDICAL EXAMINER'S RELEASE FOR CREMATION, BURIAL AT SEA, USE BY MEDICAL SCIENCE, REMOVAL FROM STATE 9. AUTHORIZATION REPORT OF DEATH NOT DEATH (Funeral Directors FOR APPLICABLE PERMIT CERTIFICATE Only) DISINTERMENT 10. PLACE OF DISPOSITION 11. DATE OF DISPOSITION 8/19/88 RURAL CEMETERY SOUTHBORO MA (Mo., Day, Yr.) PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE DEAD BODY IDENTIFIED ABOVE SIGNATURE OF CLERK OR SUBREGISTRAR 13. CITY OR TOWN 14. DATE SIGNED 8/17/88 NEWPORT. ME (Mo., Dav. Yr.) DISPOSITION 15. DATE (Mo., Day, Yr.) NAME OF CEMETERY OR VAULT **BODY WAS** DISINTERRED 17. LOCATION SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 18. . DATE (Mo., Day, Yr.) 20. NAME OF CEMETERY OR VAULT **BODY WAS** PLACED IN RECEIVING LOCATION (City) (State) SIGNATURE OF PERSON IN CHARGE OR VAULT MUNICIPAL OFFICIAL **BODY WAS:** NAME OF CEMETERY OR CREMATORY DATE (Mo., Dav. Yr.) como tono Southborough BURIED 25. LOCATION (City) (State) SIGNATURE OF PERSON IN CHARGE OR CREMATED MUNICIPAL OFFICIAL BODY WAS: NAME OF MEDICAL SCHOOL OR OTHER DESTINATION DATE (Mo., Day, Yr.) BURIED AT SEA Morris Home tunera LOCATION SIGNATURE OF FUNERAL DIRECTOR OR REMOVED TO A MEDICAL NTHORIZED PERSON SCHOOL lauthboro REMOVED

FROM STATE

Stub to be retained by officer issuing permit

| Issued to Donald C morris |
|---|
| Name of Deceased Noteen Phieserry |
| Age |
| Place of death! 4 Partridge Heel ld |
| Date of death 11-16-88 |
| Cause of death Mali grant Glima & Brain |
| Interment at Rural Crematory Workster |
| Date permit issued November 18, 1989 |
| Certified by Nanh V. Coco - M.D. |

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

| to Board & Rocales - Gest. (Office issuing permit) | |
|---|-----|
| Town of Southboro Me | ass |
| of deceased NOREEM P Mc Sherry | |
| J. S. War Veteran, specify what war, organization, etc. | |

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

(Name of cemetery or crematory)

(City or town)

NOV 1 8 1988

(Signature of Superintendent, cemetery or cremitory)

Stub to be retained by officer issuing permit

| Issued to Donald C Morris |
|--|
| 선생님이 되는 그 그들은 그 이렇게 한 일반이 그림을 취임하는 그렇게 된 사람들이 가지만 되는 그 없는 것도 하지만 그를 내려왔다면 하는데 그렇게 되었다. |
| 1 9 2 2 1 2 2 |
| Name of Deceased Lara Lause Baldelli |
| |
| 7 a |
| Age7.9yearsmonthsdays |
| 01 . 10 \$ |
| Place of death 3 Pleasant St. Douthbora |
| |
| Date of death January 9,1989 |
| Date of death January 9, 1987 |
| \mathcal{A}_{i} |
| Cause of death Ronary Heart Wisease. Superlengion, Wisheles Overweight Interment at Mural Cemetery |
| Cause of death 1. 10 Way Allan William |
| Afferlingion, Wiahells, Overweight |
| Interment of Russel Cemetery |
| Interment at |
| |
| Date permit issued January 12, 1989 |
| |
| Certified by I emothy P Stone M.D. |
| Certified by |

URIAL (OR REMOVAL) PERMIT

to Agent = Board of Sealth
(Office issuing permit)

This coupon to be returned immediately, properly endorsed

Town of Acullularous Mass of deceased Sara L. Baldelli

U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

ereby certify that the body accompanying this permit was sed of in accordance with its terms

RURAL Cemetery Southboo, MA.

JAN. 13, 1989

fied by ... (Signature of Superintendent, certifiery or crematory

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES PERMIT FOR BURIAL - TRANSIT

PERMIT 30261

| | | PE | RMI | T FOR BURIAL - TRA | NSIT | | NOWBER | |
|--|----------------------------|--------------|--------|---|--|---|---|--|
| 1. FULL NAME OF | DECEASED | | | | 2. DATE OF | DEATH (Mo. | , Day, Yr.) | |
| | Ann | ne M. Ki | ngsl | bury | Feb. 16 | , 1989 | | |
| 3. SEX | 4. RACE | 5. AGE | | 6a. PLACE OF DEATH (Cit | ty or Town) | | 6b. STATE | |
| F | W | 88 | | Brunswick | | | Maine | |
| 7a. NAME OF FUNI AUTHORIZED F | ERAL ESTABLISHMI PERSON | ENT OR | 7b. | BUSINESS ADDRESS | | | SE NUMBER Establishment) | |
| Stetson's Fun | eral Home | | B: | runswick | | 09137 | | |
| 8. TYPE OF | ☐ BURIAL | | | ☐ TEMPORARY STOP | RAGE | □ D | ISINTERMENT | |
| PERMIT | CREMATION | ☐ BUF | RIAL A | T SEA USE BY I | MEDICAL SCIE | ENCE X | REMOVAL FROM STATE | |
| 9. AUTHORIZATION FOR PERMIT | COMPLET DEATH CERTIFIC | | (Fune | ORT OF DEATH eral Directors Only) ME REI SCI | DICAL EXAMINER LEASE FOR CREI RIAL AT SEA, US ENCE, REMOVAL | R'S MATION, E BY MEDICAL FROM STATE | APPLICATION OR COURT ORDER FOR DISINTERMENT | |
| 10. PLACE OF DISI | POSITION | | | | | | 11. DATE OF DISPOSITION (Mo., Day, Yr.) | |
| Rural Ce | metery, Souti | hboro, M | lass | | | | 2/20/89 | |
| | PERMISS | ION IS | HE | REBY GRANTED | TO REM | OVE A | ND | |
| | | | | DEAD BODY IDE | | | | |
| | | | | | | 77.007. | 14. DATE SIGNED (Mo., Dav. Yr.) | |
| 12. SIGNATURE OF | CLERK OR SUBREC | ISTRAR | 13. (| CITY OR TOWN | | | 14. DATE SIGNED (no., vay, Yr.) | |
| Iw | floor | | В | runswick, Maine | | | 2/17/89 | |
| | 4000 | | | DISPOSITION | | | | |
| BODY WAS DISINTERRED | 15. DATE (Mo., | Day, Yr.) | 16. | NAME OF CEMETERY OR | VAULT | | | |
| | 17. LOCATION | 1 | 18. | 18. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL | | | | |
| ☐ BODY WAS PLACED IN | 19. DATE (Mo., | Day, Yr.) | 20. | NAME OF CEMETERY OR | VAULT | - 41 | 01 1413 | |
| RECEIVING VAULT | 21. LOCATION | (City or Tow | n) | (State) 22 | . SIGNATURE MUNICIPAL | | N IN CHARGE OR | |
| BODY WAS: | 23. DATE (Mo. | , Day, Yr.) | 24. | NAME OF CEMETERY OR | CREMATORY | | | |
| CREMATED 25. LOCATION (City or Town) (State) 26. SIG | | | | | | 26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL | | |
| BODY WAS: | 27. DATE (Mo. 2/20/89 | , Day, Yr.) | 28. | NAME OF MEDICAL SCHO Rural Cemetery | | | | |
| REMOVED TO A MEDICAL SCHOOL | 29. LOCATION | boro, Ma | ass | 30 | . SIGNATURE AUTHORIZE | OF FUNERA D PERSON | AL DIRECTOR OR | |
| REMOVED FROM STATE | | | | | | | | |

1. PLACE OF FINAL DISPOSITION

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES MEDICAL EXAMINERS RELEASE OF A DEAD BODY

| | FULL NAME OF DECEASED | | | | 2. DATE OF DEATH |
|-----|--|---|---|--|---|
| | | M. K | ingsbury | | Feb. 16(Mo.1989Yr. |
| 3. | PLACE OF DEATH (City or Town) | | | | |
| | Brunswick | | | | |
| 4. | TYPE OF DISPOSITION: | | CREMATION | | BURIAL AT SEA |
| | | | USE BY MEDICAL SCIENCE | □ F | REMOVAL FROM STATE |
| AIN | THE DEATH OF CAUSE AND M EXAMINATON OF NECESSARY AN SEA, USE BY ME | THE ANN R JUI D HE EDICA THE F | THAT I HAVE MADE PERSE ABOVE NAMED PERSE ABOVE NAMED PERSE ER. I AM SATISFIED DICIAL INQUIRY CONCEREBY RELEASE FOR CRAL SCIENCE, OR REMOVERSON NAMED HERECO | SON, IN THAT RNING REMATI AL FRO | CLUDING THE NO FURTHER THIS DEATH IS ON, BURIAL AT |
| | David W. Schall M.D. M | .E. | | | |
| 7. | ADDRESS OF MEDICAL EXAMINER | | | | |
| | Baribeau Drive | | | | |
| | Daribeau Drive | | | | |
| | | | | | |

Stub to be retained by officer issuing permit

| Issued to Donald C Movres |
|--|
| 1 |
| Name of Deceased Orman R. Sambarn. |
| |
| Age. 8.5 years months days |
| Place of death 40 Parkervelle Ld- Southbor. |
| Date of death February 23, 1989 |
| Cause of deathetastatic Lung Cancer - Chronic Shstrengtine & Jelinghary Disease Interment at Jural Cemetery Douthbors. |
| Interment at Sural Cemetery Southbors. |
| Date permit issued Jehrenary 24,1989 |
| Certified by Lew - Leong Xwa M.D. |

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

| to Board of Health | |
|--|-------|
| (Office işsuing permit) | |
| r Town of Southboro | . Mas |
| of deceased ORMAN R. SANboRn | |
| U. S. War Veteran, specify what war, organization, | etc. |

ENDORSEMENT

(To be filled in by cemetery or crematory official)

| sed of in accordance with its terms | |
|--|---|
| RURAL CEMETERY Southboro, M | 1 |
| (Name of cemetery or crematory) (City or town) | |
| Feb., 25, 1989 | |
| fied by & G. Mooney | |
| (Signature of Superintendent, cemetery or erematory) | |

ereby certify that the body accompanying this permit was

| PHYSICAL E | ANS AND | | mmonwealth of STANDARD CERTIFICATION STRY OF VITAL RECORDS | E OF DEATH | | | #2 | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| STATE USE | | DECEDENT - NAME | FIRST | AND STATE | MIDDLE | | REGISTERED | NUMBER | SEX | | TATE USE | |
| ONLY | (| _ | 2 | - | | | LASI | | SEX | DATE OF | DEATH (M | o., Day, Yr.) |
| | | PLACE OF DEATH (City) | n K | Ja | nborn | | | 2 | Male | 3Feb | rvary | 23,1989 |
| 4a PLACE | | | | | | | SPITAL OR OTHER | | | | treet and r | umber) |
| | | 48 SOUTH B | Oro | 45 00 | orcester | 4c | 240 Par | SOCIAL SECURIT | 100 | ad | | |
| 4c HOSP. | | HOSPITAL: Inpatient ER/Ou | | | OTHER: Nursing Home | sence 🗆 | Other (Specify) | 6 018 -07 | | | SPI | VAR VETERAN ECIFY WAR |
| | DECEDENT | WAS DECEDENT OF HIS | SPANIC ORIGIN? | | RACE (e.g. White, Black, An | nericen Indi | an, etc.) | DECEDEN | T'S EDUCA | ATION (High | est Grade | Completed) |
| 5. TYPE | DEGEDENT | Resident States of the second | an, Dominicen, Cuban, etc.) | | Bb Whit | e | | 9 - | Sem/Sec (0- | 12) Colley | ge (1-4, 5+ | <u>)</u> |
| 7. VET. | | 10a 85 | MOS DAYS HOUR | RS MINS | December 7, | 1903 | Laco | City and State or For | w H | amp | shire | |
| | | MARRIED, NEVER MARI | | vite, give maide | n name) | USUAL (| OCCUPATION | | KIND OF | BUSINESS | OR INDUS | TRY |
| B. HISP RACE | | 12Widowed | - 13 EVa | C. | Wills | 148 | Machin | 115+ | 146 P | ublic | lun | rK5 |
| o. HISP HACE | | RESIDENCE-NO. & ST., 240 Parker 158 | CITY,TOWN COUNTY, STAT | SOU THY | soro, worce | ster, | Mass | ach us | 243 | - 2110 | | 1772 |
| 9. EDUC. | | FATHER - FULL NAME | | ST | ATE OF BIRTH (If not in US, | MOTH | IER-NAME | (GIVEN) | (MAIDEN) | ST | ATE OF B | STH (If not in US |
| | | 10 austin | Sanborn | 17 | New Hampshi | ~ 10 F | Addie | Hodge | | na | me country | sachusette |
| 10. AGE | INFORMANT | EUNICE I | Floyde | | MAILING ADDRESS | S-NO.85 Kerul | T CITYTOWN, STA | TE. ZIP CODE | boro | 107 | REL | THOUSHIP WORKER |
| | | METHOD OF DISPOSITE | ON | FUNE | 21 ERAL SERVICE LICENSEE | | Massa | Chosen 3 | Or | | 22 | LICENSEE |
| 11. NATIVITY | | BURIAL CREMATION DONATION | E ENTOMBMENT E REMOVAL FROM OTH, SPEC: | STATE 24 | Donald C. M | orri | 5 | | | 05 | 295 | 180 |
| | DISPOSITION | PLACE OF DISPOSITION | (Name of Cametery, Cremator | y or other) | | LOCA | South | 10) | 1024 | ach | 470 | HS |
| 12. MARITAL | (| DATE OF DISPOSITION | NAME OF FACILITY | · | | 1 | ADDRES | S OF FACILITY | (us) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | 27 February 25 | 1989 282 Donal | JC. W | lorris Funera | 1 Ho | mE 280 40 | Main | Stree | +,50 | outhb | oro, |
| 15. RESID. | / | 29 PART I - Enter the dise List only one | eases, injuries, or complication cause on each line (a through o | s that caused th | he death. Do not enter the mod | le of dying, | such as cardiac or re | spiratory arrest, sh | ock or heart | failure. | | nate Interval |
| | | IMMEDIATE CAUSE (Fine disease or condition result in death) | 1 | | Lung Cance. | - | | | | | | Onset and Death |
| 15. OUT-STATE | | Sequentially list conditions | (20) | | J DUE TO (OR. | AS A CONSE | DUENCE OF) | | | | | - |
| | | | s. ii ((())) | | | | | | | | | |
| | | any leading to immediate cause. Enter UNDERLYIN | 0 | | DUE TO (OR) | AS A CONSE | DUENCE OF) | • | • | | | |
| 23. DISP. | | any leading to immediate cause. Enter UNDERLYIN CAUSE (disease or injury I | that c. | | | | | | | | | |
| 23. DISP. | | any leading to immediate cause. Enter UNDERLYIN | that c. | | | AS A CONSEC | | | | | | |
| | | any leading to immediate cause. Enter UNDERLYIN CAUSE (disease or injury li initiated events resulting in death) LAST. | that c. | ith but not result | DUE TO (OR) | AS A CONSEC | | | | UTOPSY | WÉREA | UTOPSY FINDINGS |
| 23. DISP. 31-32 AUTOP. | | any leading to immediate cause. Enter UNDERLYIN CAUSE (disease or injury li initiated events resulting in death) LAST. | that c. | ith but not result | DUE TO (OR) | AS A CONSEC | | | | RMED? | WERE A AVAILAE COMPLE | UTOPSY FINDINGS LE PRIOR TO LICON OF CAUSE |
| 31-32 AUTOP. | | any leading to immediate cause. Enter UNDERLYIN CAUSE (disease or injury initiated events resulting in death) LAST. PART II - Other significant | G that c | ith but not resuli | DUE TO (OR) | AS A CONSEC | | | PERFO | RMED? No) | WERE A AVAILAE COMPLE | LE PRIOR TO |
| | CERTIFIER | any loading to immediate cause. Enter UNDERLYIN CAUSE (disease or highly initiated events resulting in death) LAST. PART II - Other significant 30 WAS CASE REFERRED TO MED EXAM? | of that c | CIDE | DUE YO'(OR/ | in Part I. | EOF INJURY | | (Yes or | RMED? No) | WÉRE A AVAILAR COMPLE OF DEAT | THE PRIOR TO |
| 31-32 AUTOP. | CERTIFIER | any leading to immediate cause. Enter UNDERLYIN CAUSE (disease or injury initiated events resulting in death) LAST. PART II - Other significant and any control of the cause | d conditions contributing to dos | CIDE DING INVESTIG | DUE YORON. | in Part I. DAT | SUENCE OF) | | PERFO (Yes or) 31 TIME OF I | RMED? No) | WÈRE A AVAILAE COMPLE OF DEAT | ILE PRIOR TO THON OF CAUSE (H? (Yes or No) INJURY AT WORK (Yes or No) |
| 31-32 AUTOP. | CERTIFIER | any loading to immediate cause. Enter UNDERLYIN CAUSE (disease or highly initiated events resulting in death) LAST. PART II - Other significant 30 WAS CASE REFERRED TO MED EXAM? | d conditions contributing to dos | DIDE DING INVESTIG LD NOT BE DE PLACE Jam., s | DUE YO (OR.) SATION TERMINED C OF INJURY - At home, L. | In Part I. DAT (Mo. 35a | EOF INJURY | State) | PERFO (Yes or | RMED? No) | WÉRE A AVAILAR COMPLE OF DEAT | THE PRIOR TO |
| 31-32 AUTOP. | CERTIFIER | any leading to immediate cause. Enter UNPERLYIN CAUSE (disease or injury 1 CAUSE (disease or injury 1 death) LAST. PART II - Other significant WAS CASE REFERRED TO MED EXAM? WAS CASE REFERRED TO MED EXAM? 23 DESCRIBE HOW INJURY 355d | and that c | DIDE DING INVESTIC LD NOT BE DE PLACI Iem. s etc. S 35e | DUE YO (OR.) SATION TERMINED OF INJURY - At home, treet, factory, office bidg., eachly. | In Part I. DAT (Mo. 35a | E OF INJURY , Day, Yr.) | State) | PERFO (Yes or) 31 TIME OF I | RMED? No) | WÈRE A AVAILAE COMPLE OF DEAT | ILE PRIOR TO THON OF CAUSE (H? (Yes or No) INJURY AT WORK (Yes or No) |
| 31-32 AUTOP. | CERTIFIER | any leading to immediate cause. Enter UNPERLYIN CAUSE (disease or injury 1 CAUSE (disease or injury 1 death) LAST. PART II - Other significant WAS CASE REFERRED TO MED EXAM? WAS CASE REFERRED TO MED EXAM? 23 DESCRIBE HOW INJURY 355d | and that c | DING INVESTIG | DUE YO (OR.) SATION TERMINED E OF INJURY - At home, treet, factory, office bidg. | DAT (Mo. 35a DOCATION (| E OF INJURY F. OR, Yr.) The . & St., City/Town, 37a. On the basis of | examination and/or | PERFO (Yes or 31) TIME OF I | RMED? | WERE A AVAILAR COMPLE OF DEAT 32 | ILE PRIOR TO TION OF CAUSE H? (Yes or No) INJURY AT WORK (Yes or No) 35c |
| 31-32 AUTOP. 33. MED EXAM | CERTIFIER | any leading to immediate cause. Enter UNPERLY IN CAUSE (disease or injury ICAUSE (disease or injury ICAUSE (disease or injury ICAUSE (disease or injury ICAUSE) (disease or injury ICAU | and that c | DING INVESTIG | DUE YO (OR.) SATION TERMINED E OF INJURY - At home, treet, factory, office bidg. | DAT (Mo. 35a DOCATION (| E OF INJURY , Day, Yr.) No. 8 St., City/Town, 37a. On the basis of. (Signature | | PERFO (Yes or 31) TIME OF I | RMED? | WERE A AVAILAR COMPLE OF DEAT 32 | ILE PRIOR TO TION OF CAUSE H? (Yes or No) INJURY AT WORK (Yes or No) 35c |
| 31-32 AUTOP. 33. MED EXAM A. MANNER 35C. WORKINJ | CERTIFIER | any leading to immediate cause. Enter UNPERLYIN CAUSE (disease or injury 1 CAUSE (disease or injury 1 death) LAST. PART II - Other significant WAS CASE REFERRED TO MED EXAM? YES or Me) 30 DESCRIBE HOW INJURY 35d 35a To the bast of my cause(s) stated [Signature and Title) | ad that c | DIDE DING INVESTIC LD NOT BE DE PLACI Isrm. s etc. S ₂ 35e I the time, date, | DUE YO (OR.) SATION TERMINED C OF INJURY - At home, Littmen, factory, office bidg., and place and due to the | DAT (Mo. 35a DOCATION (| E OF INJURY , Day, Yr.) No & St., City/Town, 37a On the basis of date, and place | examination and/or and due to the caus | PERFO (Yes or 31) TIME OF I | RMED? NO) LO NJURY | WERE A AVAILAE COMPLE OF DEAT 32 M | LLE PRIOR TO TITION OF CAUSE H? (Yes or No.) INJURY AT WORK (Yes or No.) 35c |
| 31-32 AUTOP. 33. MED EXAM | CERTIFIER | any leading to immediate cause. Enter UNPERLYIN CAUSE (disease or injury 1 CAUSE (disease or injury 1 death) LAST. PART II - Other significant of the control of the contr | ad manner of Death Manner of D | DIDE DING INVESTIC LD NOT BE DE PLACE Item, a etc. Sg 35e Whe time, date, HOUF | DUE YO (OA) SATION TERMINED COF INJURY - At home, trived, factory, office bidg, eachly. | DATI (Mo. 35a OCATION (Mp. 35a OCATION (| E OF INJURY Day, Yr.) This a St., City/Town, State, and place (Signature and Tible) DATE SIGNED (Mo., 37b) | examination and/or and due to the caus Day, Yr.) | PERFO (Yes or 31) TIME OF I | RMED? NO) LO NJURY In in my opinic MOI 37c | WÈRE A AVALAE COMPLE OF DEA1 32 M M On death or | LE PRIOR TO TETON OF CAUSE HT (Yes or Mo) INJURY AT WORK (Yes or No) 35c Coursed at the time, |
| 31-32 AUTOP. 33. MED EXAM A. MANNER 35C. WORK INJ 35F. PLACE | CERTIFIER | any leading to immediate cause. Enter UNPERLY IN CAUSE (disease or injury INDERLY IN CAUSE (disease or injury INDERLY IN CAUSE (disease or injury INDERLY INDE | SA MANNER OF DEATH SHATURAL I FENT CACCIDENT I SENT CACCIDENT | CIDE DING INVESTIG LD NOT BE DE PLACE Jerm, a etc. Sy 35e Whe time, dete, HOUF 36c | DUE YO (OR.) SATION TERMINED E OF INJURY - At home, Introduction of the long. and place and due to the | DAT (Mo. 356a OCATION (6) 08 00 OCATION (6) 08 0 | EOF INJURY , Day, Yr.) To 0n the basis of date, and place (Signature and Title) DATE SIGNED (Mo. DATE SIGNE | examination and/or and due to the caus Day, Yr.) | PERFO (Yes or 31) TIME OF I | RMED? NO) LO NJURY In in my opinic MOI 37c | WÈRE A AVALAE COMPLE OF DEA1 32 M M On death oc | LLE PRIOR TO TITION OF CAUSE H? (Yes or No.) INJURY AT WORK (Yes or No.) 35c |
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STATE OF NEW HAMPSHIRE

| WASH | U.A. | NH | 0306 |
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| | | PRINT | |
|--------|-------|---------|--------|
| BURIAL | ***** | TRANSIT | PERMIT |

six days to the Clerk of the town in which the burial or cremation takes place.

FORM RT.1 8/85

| Full name of deceased | Charles Willia | m Lincoln Sr. | |
|--|---|---|---|
| Place of death Date of death April 6, Cause of death Resp Method of disposal Buri (Whet | Nashua (Town or City) 19 89 Color Iratory Arrest & Car al her burial cremation, transportation. | Hillsborough (County) What Sex Male diac Arrest | (State)Age7.6 |
| George R | (Funeral Home) | this State, permission is hereby give | n to Merrimack, N.H. |
| to dispose of body of said dece Signature (Town Clerk, Sub-Re | ased as above stated gistrar, Agenty City Board of Health | Date Issued City or Town of WAS, | April 7, 1989 |
| CEMETERY OR | STOARGE VAULT AUTHORITY | SHALL FILL OUT SPACE BELO | W WHEN APPLICABLE |
| If stored, body was placed in | (Name of storage valut) | on | |
| Town or City | | State | • |
| Signature(Sexton or per | son in charge of storage vault) | | |
| Town or City: Sout | Grave No. 10 | State 1714 7 01713 | Section: TIT |

City or

Town of.....

Stub to be retained by officer issuing permit

| Issued to Donald C Morris |
|---|
| Name of Deceased Alreno W. Johnson |
| Age |
| Place of death 120 Northboro Rd |
| Date of death May 7, 1989 Severe artic Stevesis Cause of death Concer of Prostate |
| Cause of death Concer of Prostate |
| Interment at Rural Cometery |
| Date permit issued May 10, 1989 |
| Certified by Venay Ruman M.D. |

URIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

| to |
|--|
| (Office issuing permit) |
| Town of Southboro Mass |
| |
| of deceased Sereno W. Johnson |
| J. S. War Veteran, specify what war, organization, etc. |
| The state of the s |
| |
| |
| |
| ENDORSEMENT |
| (To be filled in by cemetery or crematory official) |
| creby certify that the body accompanying this permit was ed of in accordance with its terms |
| Southborough Rural Cemetery |
| (Name of cemetery or crematory) (City or town) |
| May11,1989 |

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

| Issued to Memorial Juneral Home. 375 Broad wary Newport R.I. Name of Deceased Werginia M. Jarla Lino |
|--|
| Age |
| Place of death to High Street Southbough mass. |
| Date of death a Toker 23-1989 Cardiac arrhithme a Cardiorenal Failure Cause of death Coronany Heart Wisease Carcinoma, Kidhey, Right |
| Interment at |
| Date permit issued Odoler 24, 1989 |
| Certified by Sin Thy P. Store M.D. |

Stub to be retained by officer issuing permit

| Issued to Donald (hours |
|---|
| Name of Deceased Jaseph K Murphy |
| Ageyearsmonthsdays |
| Place of death 2 Park Street, Southbrough |
| Date of death Vounter 2 - 1989 |
| Cause of dear Chronic Obstruction hung Disease |
| Date of death Vorember 2-1989 Congestine Nearl Failure Cause of death Chronic Obstruction hung Disease Through Creamatory - Worcester, mass Interment at John Cur |
| Date permit issued November 6, 1989 |
| Certified by John Curran - M.D. |

Stub to be retained by officer issuing permit

Issued to Donald C Morris Name of Deceased Enelyn house wilson Place of death 49 Doston Load Date of death November 14, 1989 Cause of death Cente myseardial Superction Interment at Maglewood Cemelery Marlhoro Date permit issued November 17, 1989

| URIAL | (OR | REMOVAL) | PERMIT |
|-------|-----|----------|--------|
|-------|-----|----------|--------|

to Agul Board & Health

Town of South Louise Wilson

J. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

reby certify that the body accompanying this permit was ed of in accordance with its terms

May bood Malbow

(Name of cemetery or crematory) (City or town)

11-18-87

(City or town)

ed by Sombat Sunt (Signature of Superintendent, cemetery or crematory